

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10783,702
	Filing Date	2/19/2004
	First Named Inventor	Joseph J. Brychell, III
	Group Art Unit	2171
	Examiner Name	
Total Number of Pages in This Submission		4
Attorney Docket Number		MS1-1612US

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CENTRAL FAX CENTER**FEB 23 2005****ENCLOSURES (check all that apply)**

- ☒ Fee Transmittal Form
☐ Fee Attached
- ☐ Amendment / Reply
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- ☐ Extension of Time Request
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- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Documents
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
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- ☐ After Allowance Communication to Group
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- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below): Fee Transmittal; Information Disclosure Statement; PTO-1449 form

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael K. Colby/Reg. No. 45,816
Signature	<i>Michael K. Colby</i>
Date	February 23, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Debra A. Fugitt
Signature	<i>Debra A. Fugitt</i>
Date	2/23/05

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/783,702
		Filing Date	2/19/2004
		First Named Inventor	Joseph J Brychell, III
		Examiner Name	
		Art Unit	2171
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No.	MS1-1612US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
- 20 or HP = _____ x 50 = _____				Fee (\$)		Fee Paid (\$)	
HP = Highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x 200 = _____							
HP = Highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other: Information Disclosure Statement							0.00

SUBMITTED BY			
Signature	<i>Michael K. Colby</i>	Registration No. (Attorney/Agent)	45,818
Name (Print/Type)	Michael K Colby	Telephone	(509) 324-9256
		Date	2/23/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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